

# ***Surveillance and Evaluation***

Evaluation efforts are ongoing to effectively determine the impact of the strategies planned or implemented in South Dakota. Data is currently collected in various surveys which cover a wide range of South Dakota's population. The data will assist in evaluating the long-term effectiveness of this plan in meeting the plan objectives and any corresponding Healthy People 2010 Objectives. Specific evaluation activities will assess the short-term and intermediate changes.

The stakeholders recommended data collection of new variables for a number of objectives within the plan, thus new surveillance tools may be developed to collect this data. Strategies that will require additional assessment and data collection are as follows:

- consumption of fruits and vegetables by children 2-18 years old;
- early childhood programs that adopt a physical activity program policy;
- employers that offer workplace wellness programs and evaluation of the impact of those programs;
- communities with comprehensive policies and environments that support healthy eating and physical activity;

- medical, nursing, and allied health program curricula that include core competencies in obesity prevention, assessment of weight status, and weight management; and
- health care systems that support and promote physical activity and healthy eating.

The subsequent information in this chapter includes a listing of all the plan objectives and their corresponding evaluation indicators. In some instances, current data will be used as the evaluation indicator until additional assessment and data collection are available. The evaluation results will be reported to the partners involved in implementing this plan. The evaluation indicators will be reviewed annually.

## Parents and Caregivers

**Objective 1.1: By 2010, increase to 40% the proportion of children ages 2 – 18 who consume five or more servings of fruits and vegetables per day.**

Evaluation indicator: By 2010, determine the percentage of high school students who consume five or more servings of fruit and vegetables per day as reported in the Youth Risk Behavior Survey (YRBS) Report.

**Objective 1.2: By 2010, reduce the proportion of pre-school children, school age children, and adolescents who are at risk of overweight or overweight.**

Evaluation indicator: By 2010, determine the proportion of children and adolescents who are at risk of overweight or overweight as reported by the Pediatric Nutrition Surveillance System (PedNSS) report and the School Height and Weight Report.

**Objective 1.3: By 2008, increase by 15% the proportion of early childhood programs that adopt a physical activity program policy for children.**

Evaluation indicator: By 2006, measure the number of early childhood programs which adopt physical activity program policy at baseline. By 2008, calculate percent increase.

**Objective 1.4: By 2010, increase to 75% the proportion of infants who are ever breastfed.**

Evaluation indicator: By 2010, measure the proportion of infants who are ever breastfed as determined by the National Immunization Survey breastfeeding data.

**Objective 1.5:** By 2007, distribute public education materials and resources on the impact of overweight and obesity to at least 50,000 parents and caregivers.

Evaluation indicator: By 2007, report the number of public education materials and resources distributed to target audience.

**Objective 1.6:** By 2008, distribute information regarding the importance of healthy physical activity patterns for children to at least 50,000 parents and caregivers.

Evaluation indicator: By 2008, measure the amount of information distributed to target audience.

**Objective 1.7:** By 2010, increase to 50% the proportion of infants breastfed at 6 months and to 25% the proportion of infants breastfed at one year.

Evaluation indicator: By 2010, measure the proportion of infants breastfed at six months and at one year as determined by the National Immunization Survey breastfeeding data.

## **Schools and Youth Organizations**

**Objective 2.1:** By 2010, all South Dakota K-8 schools will provide 150 minutes per week of physical education and 25% of South Dakota high schools will provide 225 minutes per week of physical education.

Evaluation indicator: By 2010, measure the number of South Dakota K-8 schools providing 150 minutes per week of physical education and the number of South Dakota high schools providing 225 minutes per week of physical education.

**Objective 2.2:** By 2010, establish comprehensive, sequential K-12 health education, focusing on nutrition education and physical activity in all South Dakota schools.

Evaluation indicator: By 2010, measure the number of schools which provide sequential K-12 health education, focusing on nutrition education and physical activity.

**Objective 2.3:** By 2010, all South Dakota communities and youth organizations that serve food will adopt nutrition standards as outlined in the South Dakota Department of Education Model School Wellness Policy.

Evaluation indicator: By 2010, measure the number of schools and youth organizations that serve food that adopt nutrition standards as outlined in the South Dakota Department of Education Model School Wellness Policy.

**Objective 2.4:** By 2007, develop a pilot project involving ten (10) youth organizations to increase physical activity opportunities for youth.

Evaluation indicator: By 2007, document the development of the pilot project and the outcomes from the project.

**Objective 2.5:** By 2007, 85% of the school districts and youth organizations in South Dakota will designate a wellness coordinator who will serve as a contact person for all nutrition and physical activity communications.

Evaluation indicator: By 2007, measure the number of school districts and youth organizations with a designated wellness coordinator.

**Objective 2.6:** By 2006, provide all school districts and youth organizations with information on improving youth fruit and vegetable consumption.

Evaluation indicator: By 2006, measure the number of school districts and youth organizations who received information on improving youth fruit and vegetable consumption.

**Objective 2.7:** By 2007, expand and promote the HealthySD.gov website as a network for information and resources for all schools and youth organizations.

Evaluation indicator: Measure the number of individuals who use the schools section of the HealthySD.gov website at baseline and in 2007.

## Workplace

**Objective 3.1:** By 2010, establish 50 additional workplace wellness programs that support an environment for healthy eating and physical activity.

Evaluation indicator: Measure the number of workplace wellness programs and determine whether they support an environment for healthy eating and physical activity at baseline and 2010.

**Objective 3.2:** By 2008, develop and implement a statewide data collection system to evaluate the impact of South Dakota workplace wellness programs.

Evaluation indicator: Document that a statewide data collection system is functional and is able to collect and evaluate information regarding the impact of SD workplace wellness programs by 2008.

## Community

**Objective 4.1:** By 2010, provide documentation of 25 South Dakota communities that have evaluated their policies and environments concerning healthy eating and physical activity and the changes made to help enhance the community's wellness.

Evaluation indicator: Measure the number of communities that create policies and environments that support healthy eating and physical activity at baseline and in 2010.

**Objective 4.2:** By 2008, develop and implement a statewide data collection system to evaluate the nutrition and physical activity policies and environment of South Dakota communities.

Evaluation indicator: Document that a statewide data collection system is functional and is able to collect and evaluate information regarding the impact of physical activity policies and environments in communities by 2008.

## Health Care

**Objective 5.1:** By 2007, provide obesity prevention resources and tools to 90% of practicing health care providers in South Dakota.

Evaluation indicator: Measure the number of health care providers in the state and the number of health care providers that received the tools by 2007.

**Objective 5.2:** By 2010, increase by 75% the proportion of South Dakota medical, nursing, and allied health programs, where appropriate, that include core competencies in obesity prevention, assessment of weight status, and weight management in their curricula.

Evaluation indicator: Evaluate the curricula at baseline and in 2010 for core competencies listed above.

**Objective 5.3:** By 2010, through increased support in health care settings increase to 75% the proportion of infants ever breastfed, to 50% the proportion of infants breastfed at 6 months, and to 25% the proportion of infants breastfed at one year.

Evaluation indicator: By 2010, measure the proportion of infants ever breastfed, breastfed at 6 months, and breastfed at one year as determined by the National Immunization Survey breastfeeding data.

**Objective 5.4:** By 2010, decrease by 10% the proportion of South Dakotans already overweight or obese.

Evaluation indicator: Measure the number of South Dakotans overweight or obese at baseline 2005 and in 2010 as determined by the BRFSS survey.

**Objective 5.5:** By 2010, increase by 50% the proportion of health care systems in South Dakota that support and promote physical activity and healthy eating.

Evaluation indicator: Measure the number of health care systems in SD that support and promote physical activity and healthy eating at baseline and in 2010.

**Objective 5.6:** By 2007, provide four continuing education credit opportunities annually for health care providers on topics related to obesity prevention, nutrition, physical activity, or health behavior change strategies.

Evaluation indicator: By 2007, document the continuing education opportunities.